PTO/SB/06 (12-04)
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PATENT APPLICATION FEE DETERMINATION RECORD Substitute for Form PTO-875									1A10047558888888888888888888888888888888888		
			ICATION AS FILED — (Column 1)		- PART I (Column 2)		SMALL ENTITY		OR	OTHER THAN SMALL ENTITY	
L	FOR	NU	NUMBER FILED		NUMBER EXTRA		RATE (\$) FEE (\$)]	DATE (6)	FFF (0)
BASIC FEE (37 CFR 1.16(a), (b), or (c))		(c))				1	= \\\	1 == (\$)	1	RATE (\$)	FEE (\$)
SEARCH FEE						1			1		1100
_	(37.CFR 1.16(k), (i), or (m)) EXAMINATION FEE					┨╏┷		<u> </u>	1		4
(37	(37 CFR 1.16(o), (p), or (q))		_			J ∟				ł	200
	TOTAL CLAIMS (37 CFR 1.16(i))		minus	20 = •		×	=		OR	Х =	1
	INDEPENDENT CLAIMS (37 CFR 1.16(h))		minus	,		1			1 ∽		
(3)	CFK 1, 10(11))	If the s			exceed 100	×			-	X =	
	APPLICATION SIZE FEE If the specification and drawings exceed 100 sheets of paper, the application size fee due is \$250 (\$125 for small entity) for each										
	: CFR 1.16(s))	additio	(\$125 for 1al 50 she	ets or fraction t	reach hereof. See						1
		35 U.S	C. 41(a)((G) and 37 CF	R 1.16(s).				ł		
MUI	MULTIPLE DEPENDENT CLAIM PRESENT (37 CFR 1.16(j))										
*H1	If the difference in column 1 is less than zero, enter "0" in column 2.								1		
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,	APP	LICATION AS	AMENE	DED – PART I	l					•	
		(Column 1)		(Column 2)	CI	SMALL ENTITY		OR	OTHER	RTHAN	
AMENDMENT A		CLAIMS	AIMS HI		Column 2) (Column 3) IGHEST		SWALL ENTITY		1	SMALL	ENTITY
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	FIRST PRESENTATION OF MULTIPLE DEPENDENT CLAIM (37 CFR 1.16(1))						一寸				
, , , , , , , , , , , , , , , , , , , ,						TOTAL			OR	TOTAL	
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		(Column 1)		(Column 2)	(Column 3)						
AMENDMENT B		CLAIMS REMAINING		HIGHEST NUMBER	PRESENT	RATE	(a) T	ADD:			
		AFTER	1	PREVIOUSLY	EXTRA	RATE	(2)	ADDI- TIONAL		RATE (\$)	ADDI- TIONAL
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	(37 CFR 1.16(I)) Independent			***		х	=		OR	X =	
	(37 CFR 1,16(h))		Minus		=	х			OR	X =	
	Application Size Fee (37 CFR 1.16(s))								J.,		
	FIRST PRESENTATION OF MULTIPLE DEPENDENT CLAIM (37 CFR 1.16(j))								OR		
						TOTAL	_			TOTAL	
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* If the entry in column 1 is less than the entry in column 2, write "0" in column 3. ** If the "Highest Number Previously Paid For" IN THIS SPACE is less than 20, enter "20".											
*** If the "Highest Number Previously Paid For" IN THIS SPACE is less than 20, enter "20".											

"** If the "Highest Number Previously Paid For" IN THIS SPACE is less than 3, enter "3".

The "Highest Number Previously Paid For" (Total or Independent) is the highest number found in the appropriate box in column 1.

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